

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Not Named* *Bailey* County
 Died at *Ponds Neck* *Cecil* Maryland
 Date of death 190 *4* Month *2* Day *18* Age *About 1 1/2 hours*
 Sex *Male* Color or Race *White* Birthplace *Cecil Co.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *James E. Bailey* Father's Birthplace *Ind.*
 Mother's Maiden Name *Catherine R. Newton* Mother's Birthplace *Ind.*
 Name of person giving Information *James E. Bailey* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* How long *Birth*
 Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Crawford
Cecil Co. Md.

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

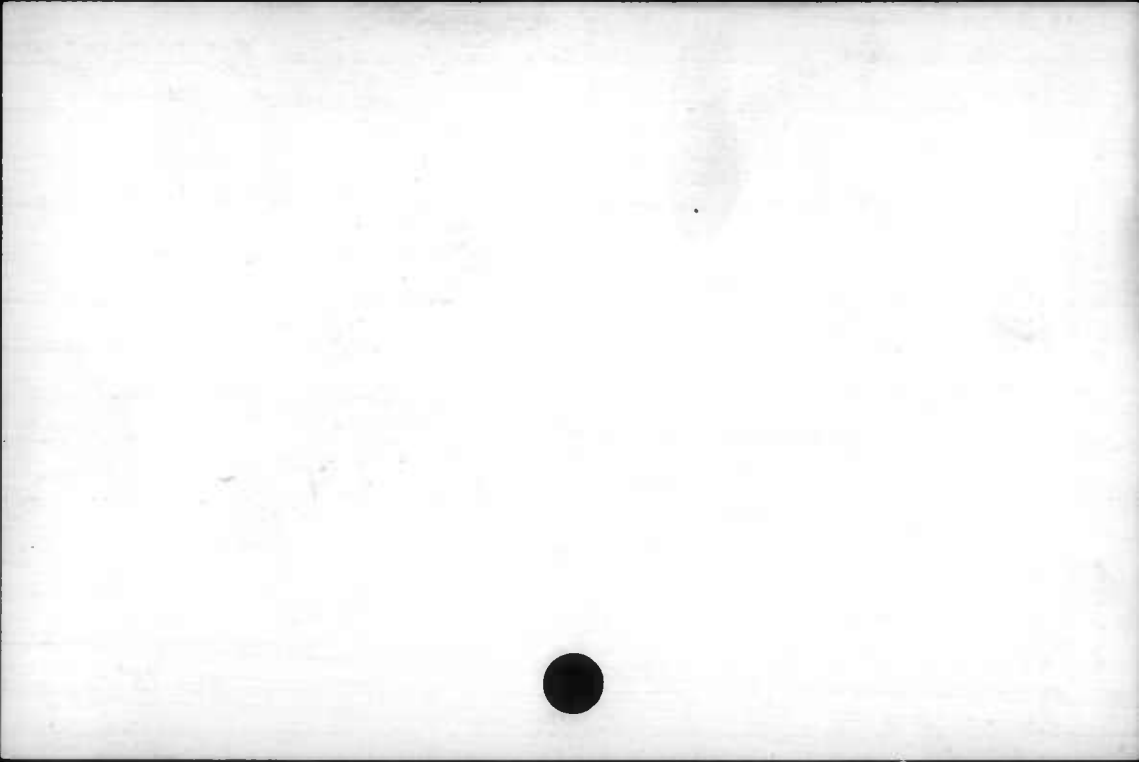
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jennie R Berlin</i>		Town <i>Port-Deposit</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Port-Deposit</i>		Month <i>2</i>		Day <i>5</i>		Years <i>20</i>	
Date of death <i>1909</i>		Age <i>20</i>		Months <i>9</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Port-Deposit</i>			
Occupation <i>not any</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Sam'l O Berlin</i>		Father's Birthplace <i>Port-Deposit</i>					
Mother's Maiden Name <i>Mary Carl</i>		Mother's Birthplace <i>Phila Pa</i>					
Name of person giving Information <i>Sam'l O Berlin</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Heart disease</i>		How long <i>79</i>	
Immediate Cause of Death <i>—</i>		How long <i>6 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. H. Fisher</i>	
Accident or Suicide <i>—</i>		Address <i>Port-Deposit, Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Rock Run

Town

County

Bellet

MARYLAND

Date
of death

1909

Month

Feb

Day

20

Age

Years

1

Months

10

Days

00

Sex

Female

Color or
Race

Caucasian

Birth-
place

Rock Run

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Ray Collins

Father's
Birthplace

Hearst Md

Mother's
Maiden Name

Alice C Carmish

Mother's
Birthplace

Port Deposit

Name of person giving
Information

M J Carmish

How related
to deceased

Grandmother

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 weeks

Immediate

Heart Failure

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

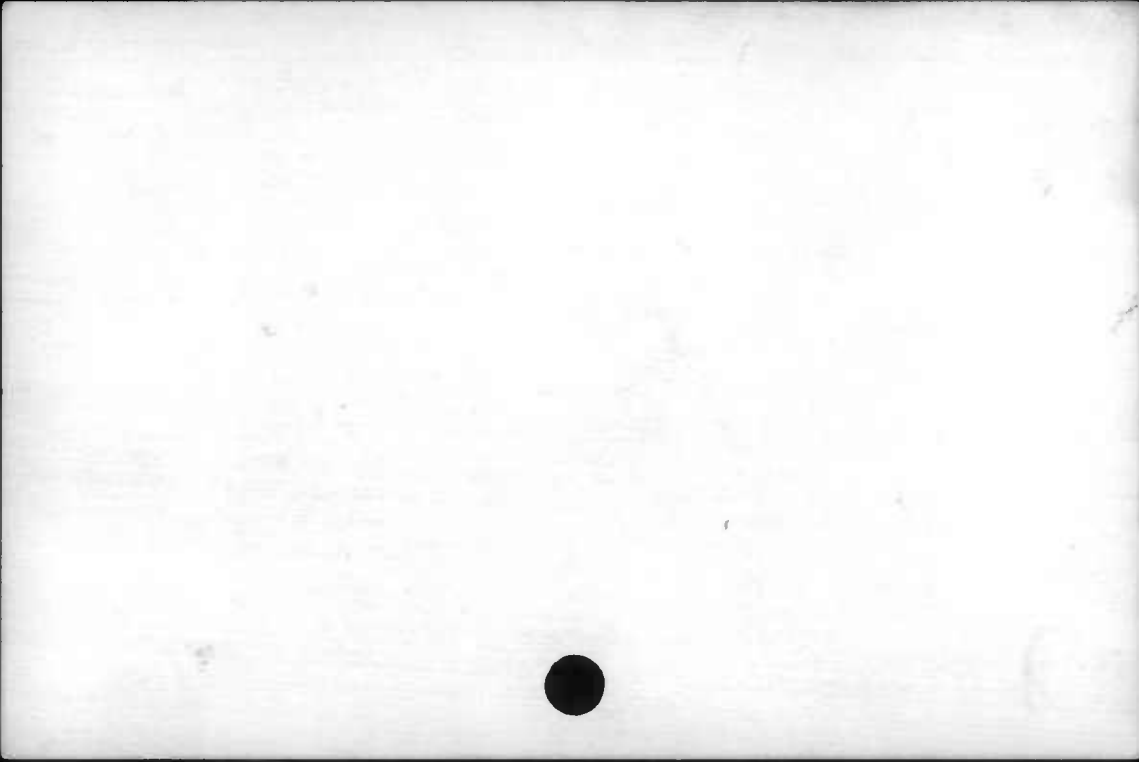
Yes

Signature of
Physician

Address

W. J. Dark
Liberty Grove
MdPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Theresa D. Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Elkton ^{Town} Cecil ^{County} **MARYLAND**Date of death 190 9 ^{Month} 2 ^{Day} 13 ^{Years} Age 50 ^{Months} ^{Days}Sex Female Color or Race White Birth-place IrelandOccupation Nurse Where Residing if not at place of deathMarried, Single or Widowed Widowed Name of Wife or Husband Robert CrouchFather's Name Wm. Hall Father's Birthplace IrelandMother's Maiden Name Mary Dehaven Mother's Birthplace DelName of person giving Information Ints. Bureau How related to deceased Cousin

CAUSES OF DEATH

(64)

Primary Apoplexy How long 2 hours

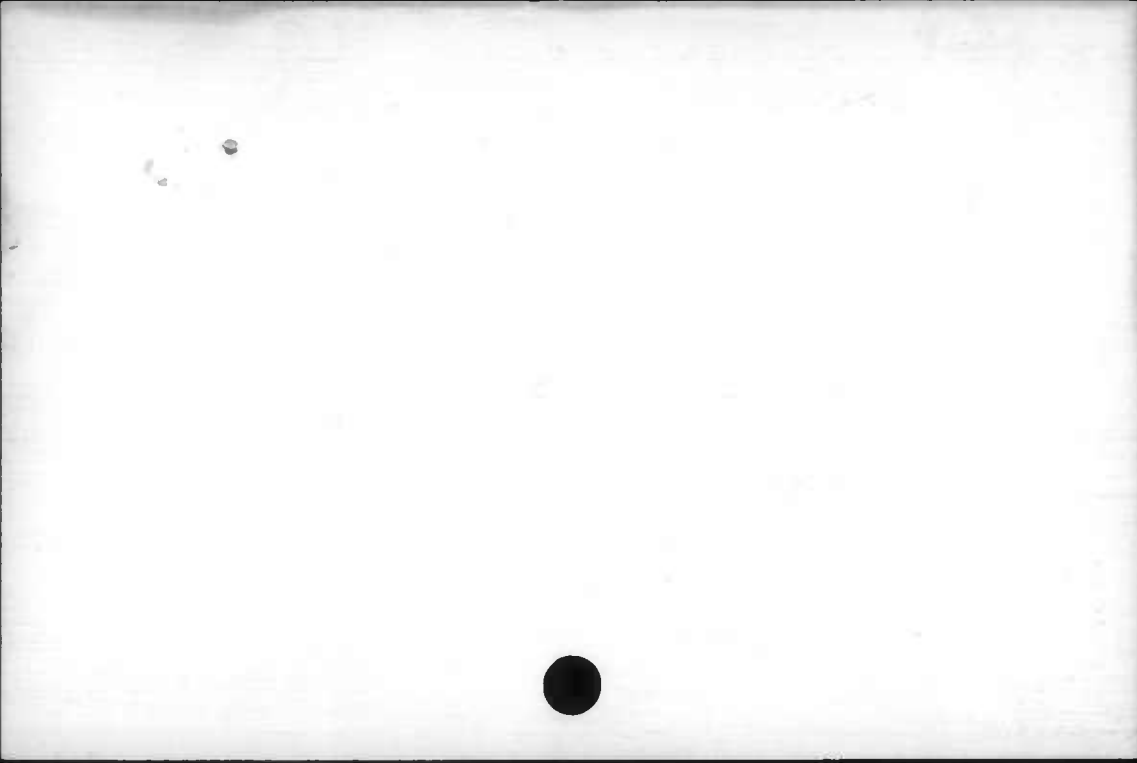
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Arthur Mitchell
Address Elkton MdPHYSICIAN
OR CORONER8~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary L Davis* Town *New Echota* County *Greene* MARYLAND

Died at *New Echota* Date of death 1909 Month *2* Day *19* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

~~Married, Single or Widow~~ Name of Wife or Husband *George Davis*

Father's Name *Joseph Miller* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth McKinley* Mother's Birthplace *Ind*

Name of person giving Information *Mrs Charles Jones* How related to deceased *Daughter*

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

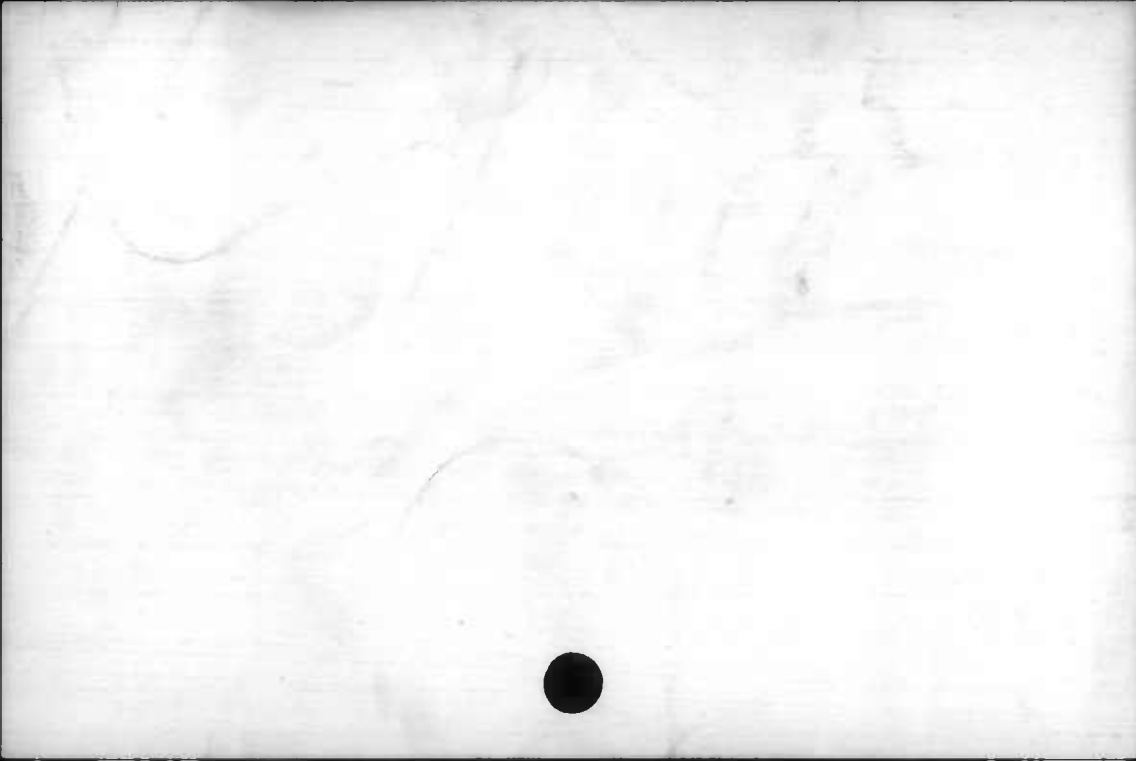
Primary *Heart failure & Arteriosclerosis* How long *Several years*

Immediate *Exhaustion* How long *13 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Arthur Mitchell* Address *Elkton Ind*

Accident or Suicide *8*



Name
in
Full

Levi Enolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *St Augustine* ^{County} *Oril* **MARYLAND**Date of death 190 ^{Month} *9* ^{Day} *2* ^{Year} *27* Age *84* ^{Months} *"* ^{Days} *"*Sex *Male* Color or Race *Caucasian* Birth-place *Oril*Occupation *Labourer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Sarah Enolds*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving Information *Rachel Warner* How related to deceased *Daughter*

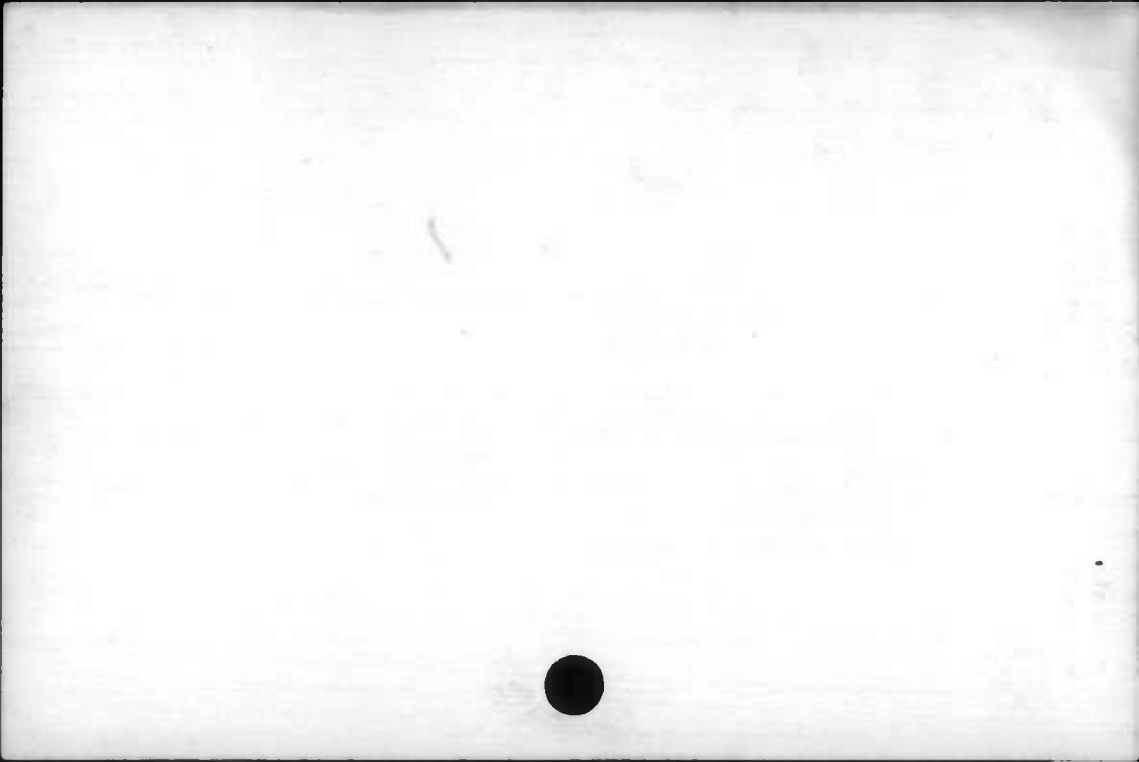
CAUSES OF DEATH

79

PHYSICIAN
OR CORONERPrimary *Heart disease* How long *Sometime*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank Baker Coroner*Address *Elkton* Accident or Suicide *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Port Deposit, Maryland Cecil*

Date

of death

1909 July

Month

Day

Age

Years

Months

Days

Sex

Color of
RaceBirth-
place

Occupation

Where Reiding if not
at place of deathMarried Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

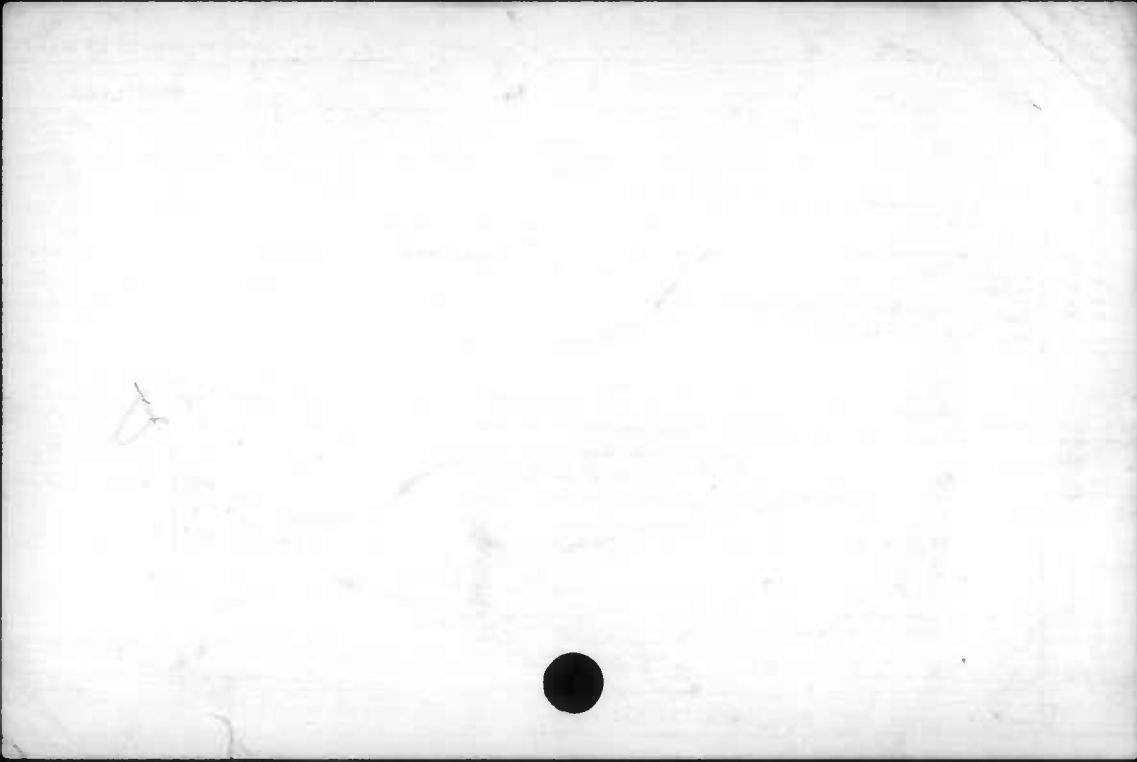
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

How long

How long



Name
in
Full

William J. Grant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

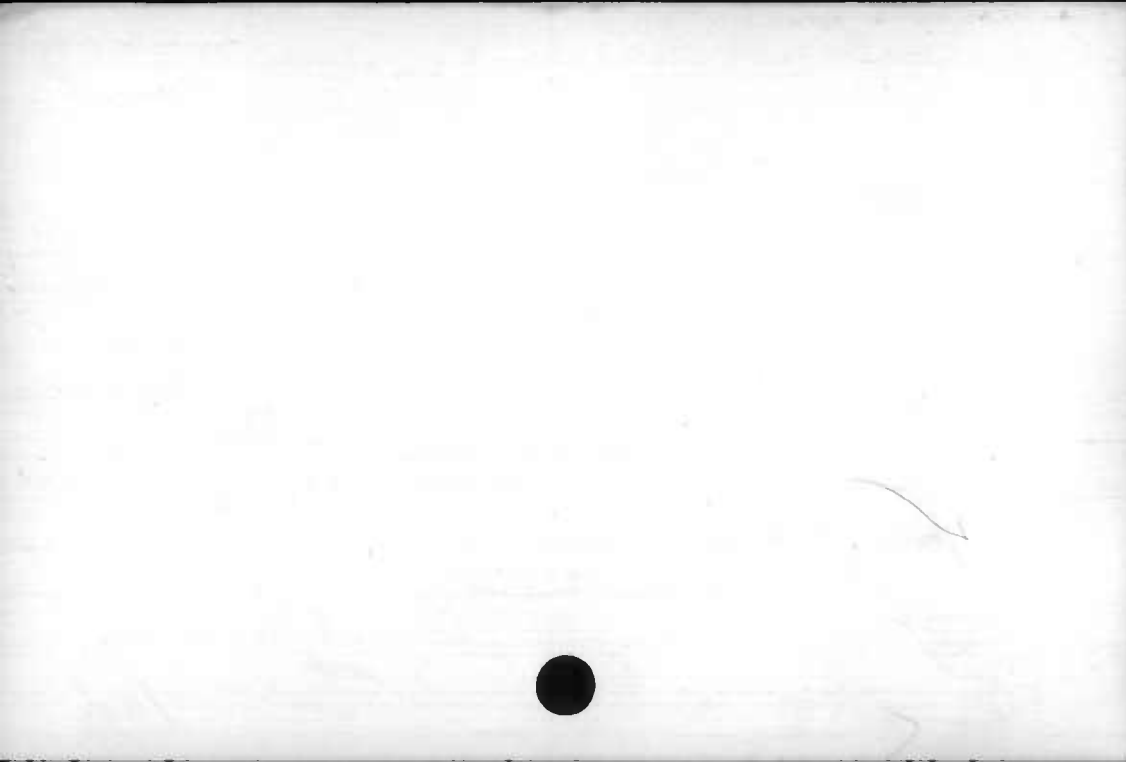
Died at <i>Upper Principio Cecil</i>		County		MARYLAND	
Date of death	1909	Month	February	Day	4
Age	38	Years		Months	7
Sex	Male	Color or Race	White	Birth-place	North East
Occupation	Farmer		Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed	married	Name of Wife or Husband	Susan R. Grant		
Father's Name	Joseph J. Grant		Father's Birthplace	Perryville	
Mother's Maiden Name	Mary J. Moore		Mother's Birthplace	Belaway	
Name of person giving Information	Joseph J. Grant		How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Heart disease & Kidney trouble</i>	How long	<i>2 months</i>
Immediate	<i>Tuberculosis Acute</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. L. Gifford</i>
Address	<i>Gibbs</i>		<i>Mid</i>
Accident or Suicide	<i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Harris* Town *Liberty Grove* County *Cecil* MARYLAND

Died at *Liberty Grove*

Date of death 190 *9* Month *February* Day *2nd* Age *93* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Delaware Co. Pa*

Occupation *None* Where Residing if not at place of death *Liberty Grove Md*

Married, Single or Widowed *Widow* Name of Wife or Husband *Enoch Harris*

Father's Name *Joseph Green* Father's Birthplace *Don't know*

Mother's Maiden Name *Margaret Ryle* Mother's Birthplace *Don't know*

Name of person giving Information *Jane Bancroft (daughter)* How related to deceased *daughter*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *48 hours*

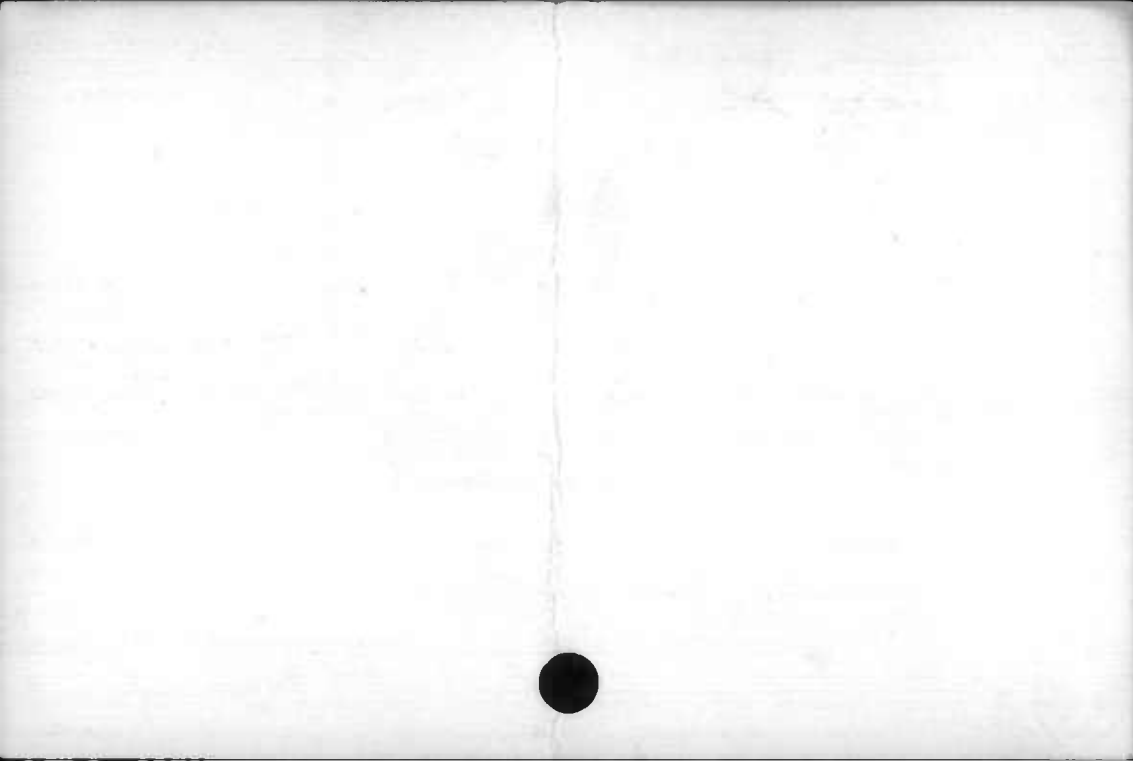
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Ernest Rowland*

Address *Liberty Grove Md*

J Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Nelson Harris

Town

County

MARYLAND

Died at

Narrows

Cecil Co.

Date

of death

1909 February

Day

25

Age

Years

63

Months

Days

Sex

Male

Color or
RaceBirth-
place

Cecil Co.

Occupation

Dairy man

Where Residing if not
at place of death

Nimington

Married, Single
or Widowed

Never

Name of Wife or
Husband

Not known

Father's
Name

Nelson Harris

Father's
Birthplace

Cecil Co.

Mother's
Maiden Name

Not known

Mother's
Birthplace

Cecil Co.

Name of person giving
Information

James Money Maker

How related
to deceased

friend

CAUSES OF DEATH

93

Primary

Pneumonia

How long

Ten days

Immediate

Spinal meningitis

How long

Twelve "

Are the name, age, sex, color, date
and place correctly given above?

Yes

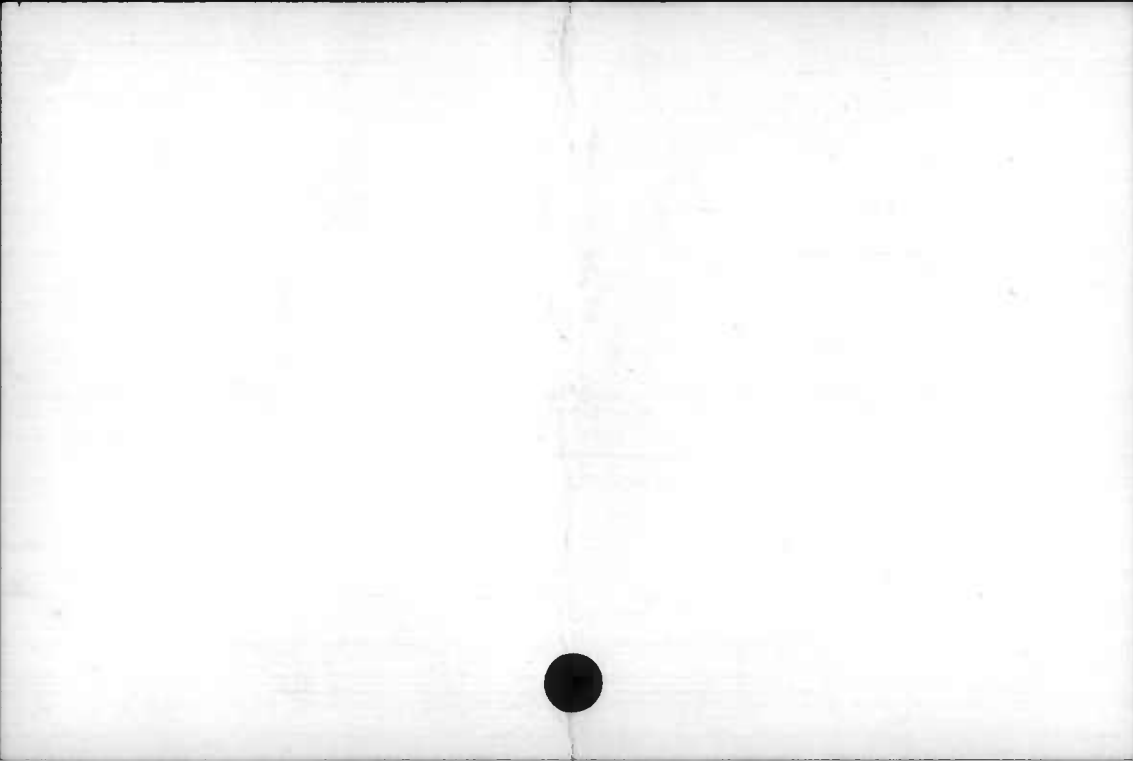
Signature of
Physician

Address

J. J. Wright, M.D.
Narrows,
Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alicia Mae Hester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

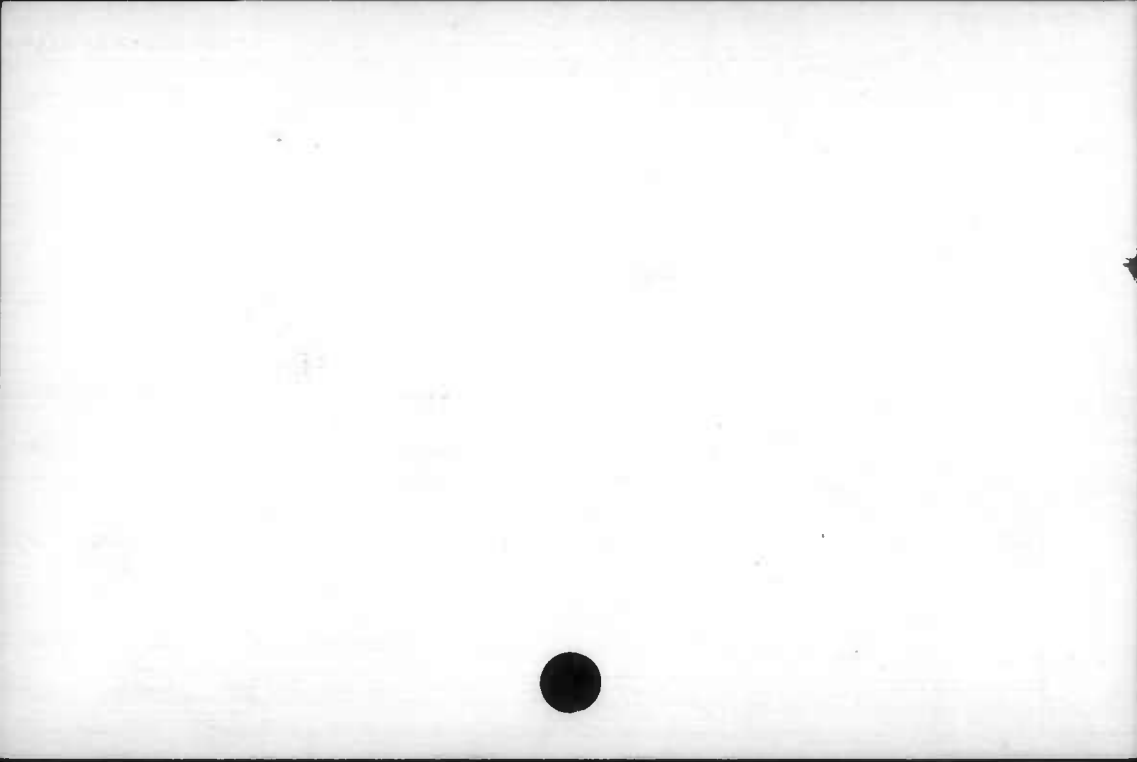
Died at <i>Chesapeake City</i>		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Feb</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Chesapeake City</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Ruben Hester</i>					
Father's Name <i>Ruben Hester</i>		Father's Birthplace <i>Behrens, Maine</i>					
Mother's Maiden Name <i>Anna Metz</i>		Mother's Birthplace <i>Chesapeake City</i>					
Name of person giving Information <i>Anna Hester</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Dentition</i>	How long <i>3 or more</i>
Immediate <i>meningitis</i>	How long <i>3 or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Conner</i>
	Address <i>Chesapeake City</i>
Accident or Suicide	<i>no</i>



Name
in
Full

William H. Johnson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Near Calvert

Beal

Date

of death

1909

Month

Feb.

Day

23

Years

Age 22

Months

6

Days

22

Sex

Male

Color or
Race

Black

Birth-
place

Pylesville Md.

Occupation

Laborer

Where Residing if not
at place of death

Near Calvert

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary J. Johnson

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Martha Jane M. H. Johnson

Mother's
Birthplace

Sweet Air Md.

Name of person giving
Information

Mary J. Johnson

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

6 months

Immediate

do

How long

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

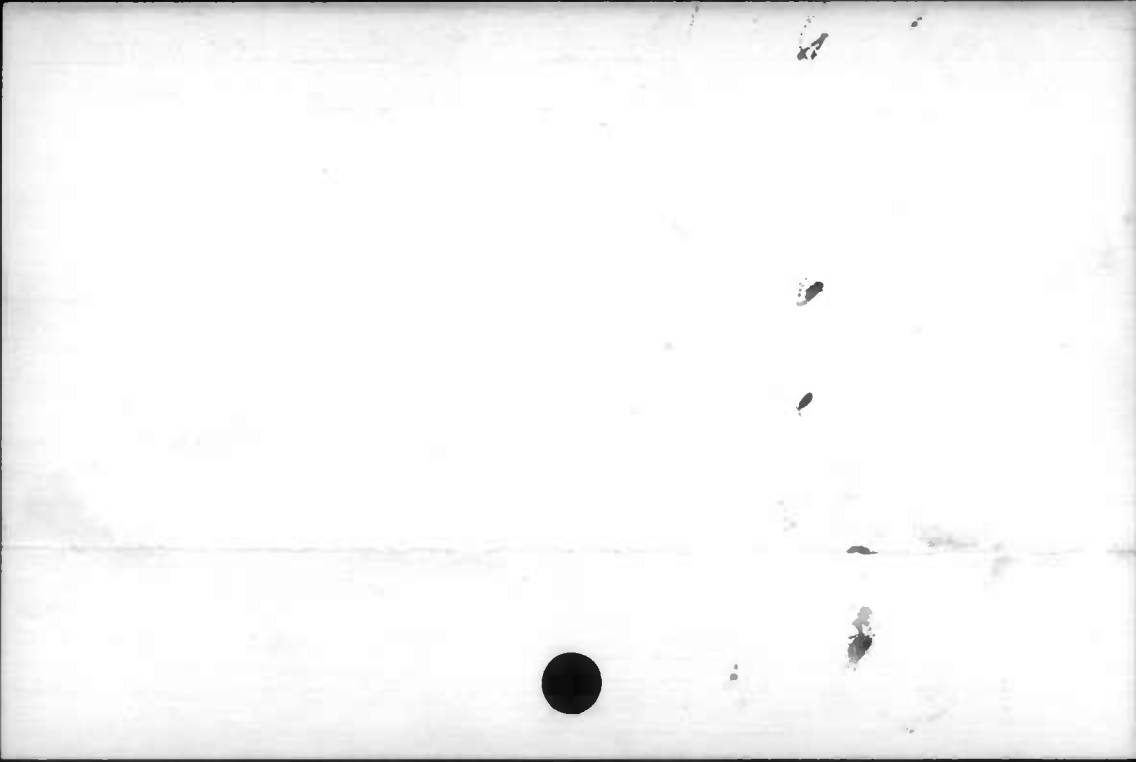
W. H. Richardson

Address

Rising Sun Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Margie A McCullough* County *Cecil*

Died at *Port-Deposit* ^{OW} Maryland

Date of death 190 *9* Month *2* Day *29* Age *78* Years Months *6* Days *—*

Sex *male* Color or Race *white* Birth-place *Cecil Co Md*

Occupation *farmer* Where Reaiding if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Hariett McCullough*

Father's Name *unknown* Father's Birthplace *Md*

Mother's Maiden Name *unknown* Mother's Birthplace *Md*

Name of person giving Information *Beth E Barrett* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

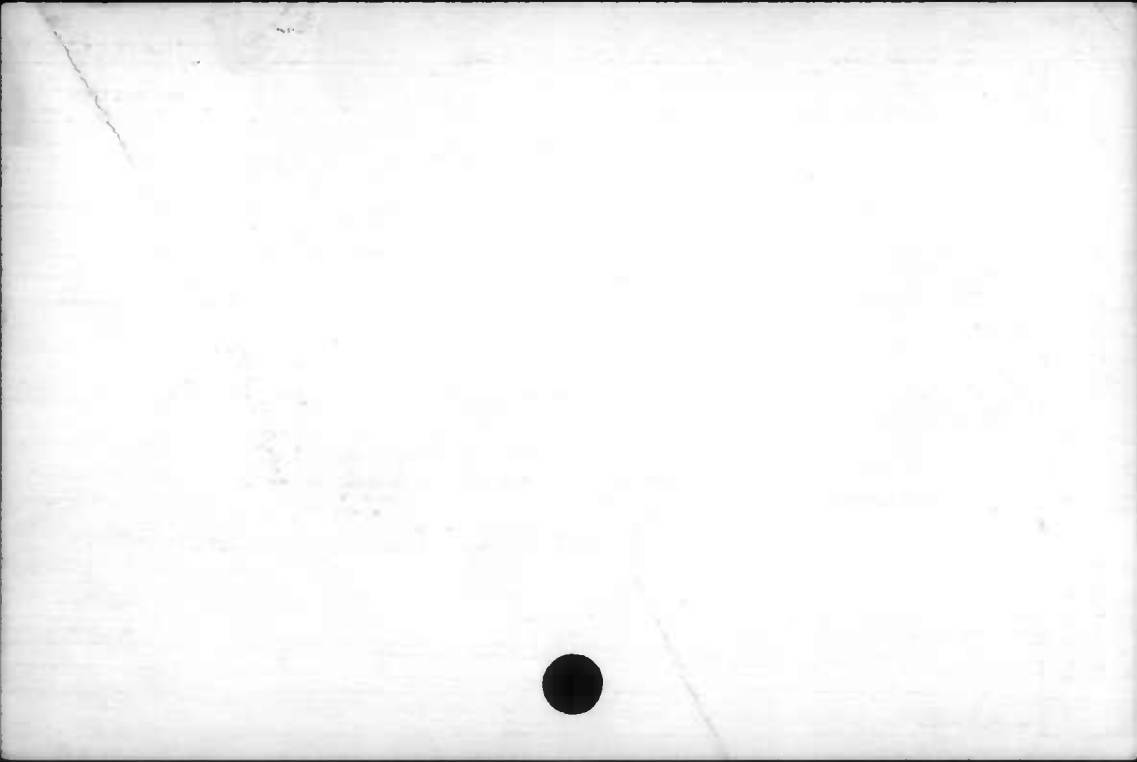
Primary *Chronic Bright's* How long *2 Yrs*

Immediate *Heart Failure* How long *10 min*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm J. Gorm* Address *Liberty, Md*

Accident or Suicide *no*



Name
in
Full

Mr. Charles. Mc Donough

CERTIFICATE OF DEATH

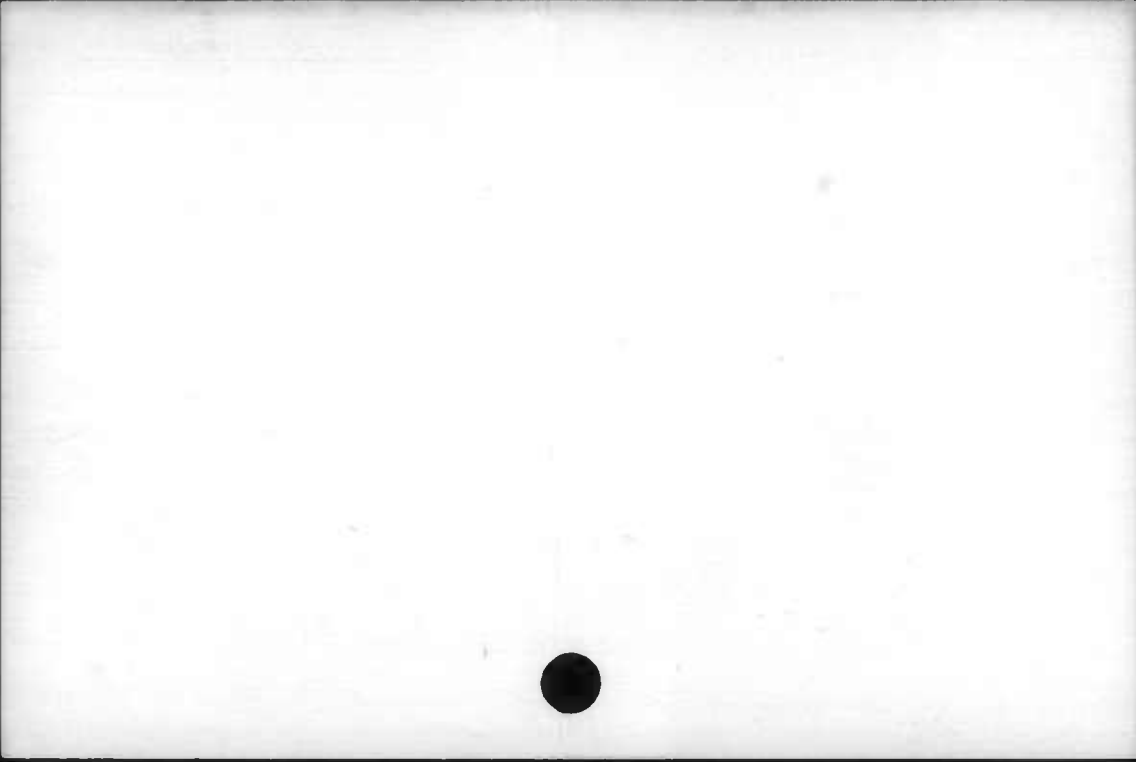
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near. West Nottingham</i>		Town <i> Cecil</i>		County		MARYLAND	
Date of death	1909	Month	Feb	Day	21	Age	65
Sex	Male		Color or Race	white, American		Birth-place	Ireland.
Occupation	Black-smith			Where Residing if not at place of death, <i>At his home. West Nottingham</i>			
Married, Single or Widowed	widower		Name of Wife or Husband of	Mrs Emma Mc Donough			
Father's Name	Charles Mc Donough				Father's Birthplace	Ireland	
Mother's Maiden Name	Don't know				Mother's Birthplace	Scotland	
Name of person giving Information	daughter Mary M. Smith				How related to deceased	daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	Died.	<i>Instantly</i>
Immediate	<i>Exhaustion</i>	How long	<i>Y</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ernest Rowland</i>
		Address	<i>Liberty Groove Md</i>
Accident or Suicide <i>md</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bessie I. McMullen

Town *Lombard* County *Cecil* MARYLAND

Died at *Lombard*

Date of death 1909 *Feb.* Month *18* Day Age *31* Years Months *8* Days *—*

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *House wife* Where Residing if not at place of death *Lombard*

Married, Single *Married* Name of Wife or Husband *Jacob McMullen*

Father's Name *James Robey* Father's Birthplace *Virginia*

Mother's Maiden Name *Jennie Kidwell* Mother's Birthplace *Virginia*

Name of person giving Information *Jacob McMullen* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Septicemia* How long *10 days*

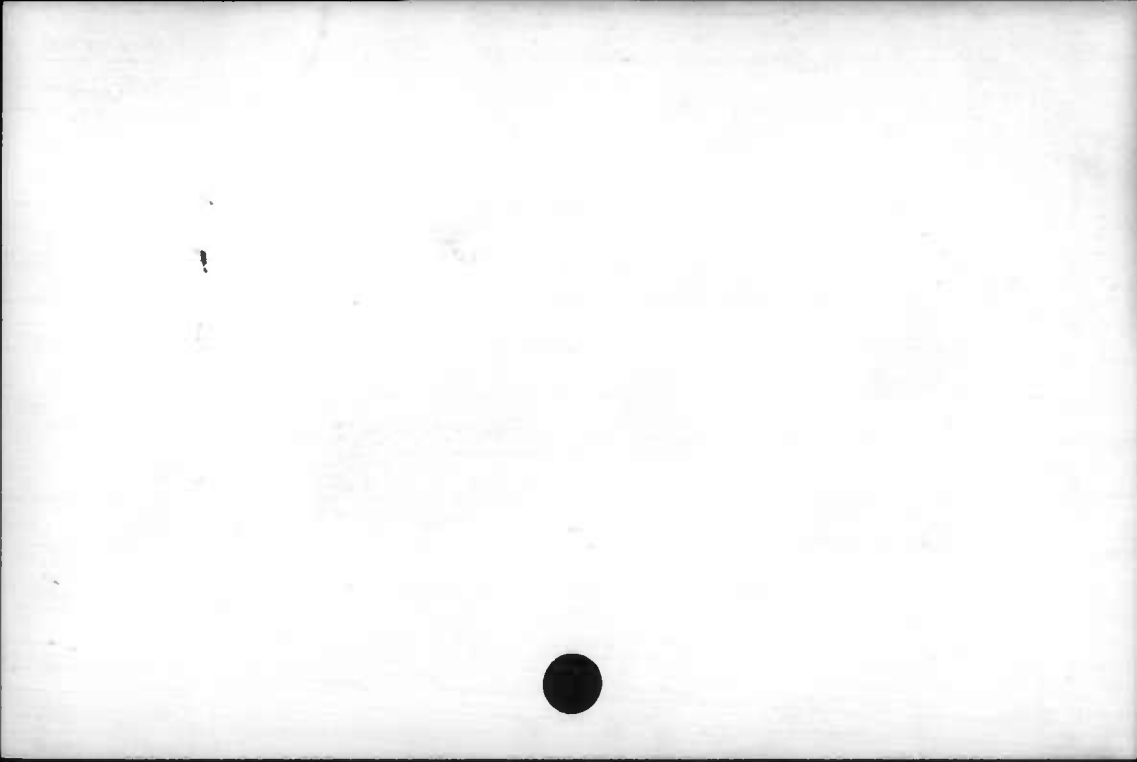
Immediate *Dental Tubular Septicemia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. L. Gifford*

Address *Glen Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert Sanford Marcus</i>		Town <i>Exton</i>		County <i>Cecil Co</i>		MARYLAND	
Died at <i>Exton</i>		Month <i>2</i>		Day <i>1</i>		Years <i>25</i>	
Date of death <i>1909</i>		Months <i>11</i>		Days <i>1</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Exton</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles E. Marcus</i>		Father's Birthplace <i>Cecil Co.</i>					
Mother's Maiden Name <i>Eliza Graham</i>		Mother's Birthplace <i>Inland</i>					
Name of person giving Information <i>Wm H. Marcus</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary
*Struck by cars*How long
166

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

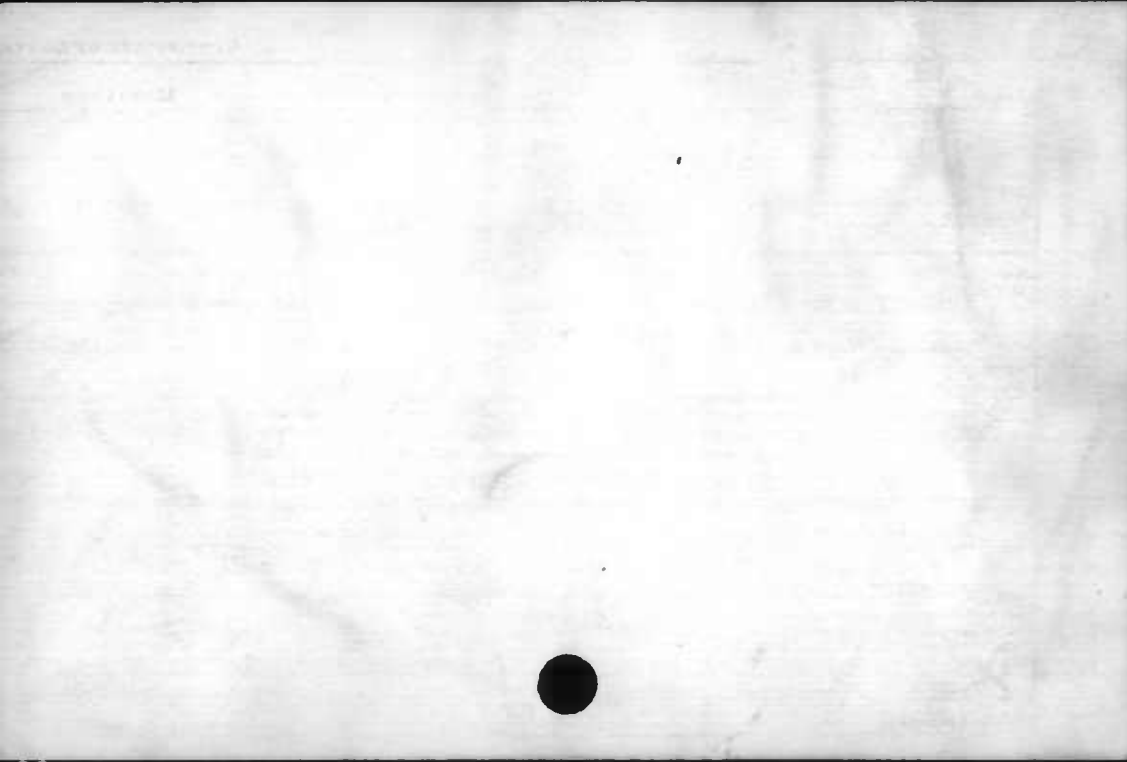
Frank Frazier Croner

Address

Exton Ind

Accident or Suicide

*Accident*PHYSICIAN
OR CORONER



Name
in
Full

Wm Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Alms House* ^{Town} *Cecil* ^{County}

MARYLAND

Date of death *1909 Feb 1* ^{Month} ^{Day} ^{Years} Age *99*

Months

Days

Sex *Male* Color or Race *Colored*Birth-place *Don't know*Occupation *Laborer* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Don't know* Name of Wife or HusbandFather's Name *Don't know*Father's Birthplace *Don't know*Mother's Maiden Name *" "*Mother's Birthplace *" "*Name of person giving information *John Mahoney*How related to deceased *None*

CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONERPrimary *Old Age*Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Winifred A. Morrison*Address *Elkton, Md.**J*

Accident or Suicide?



Name
in
Full

Howard Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

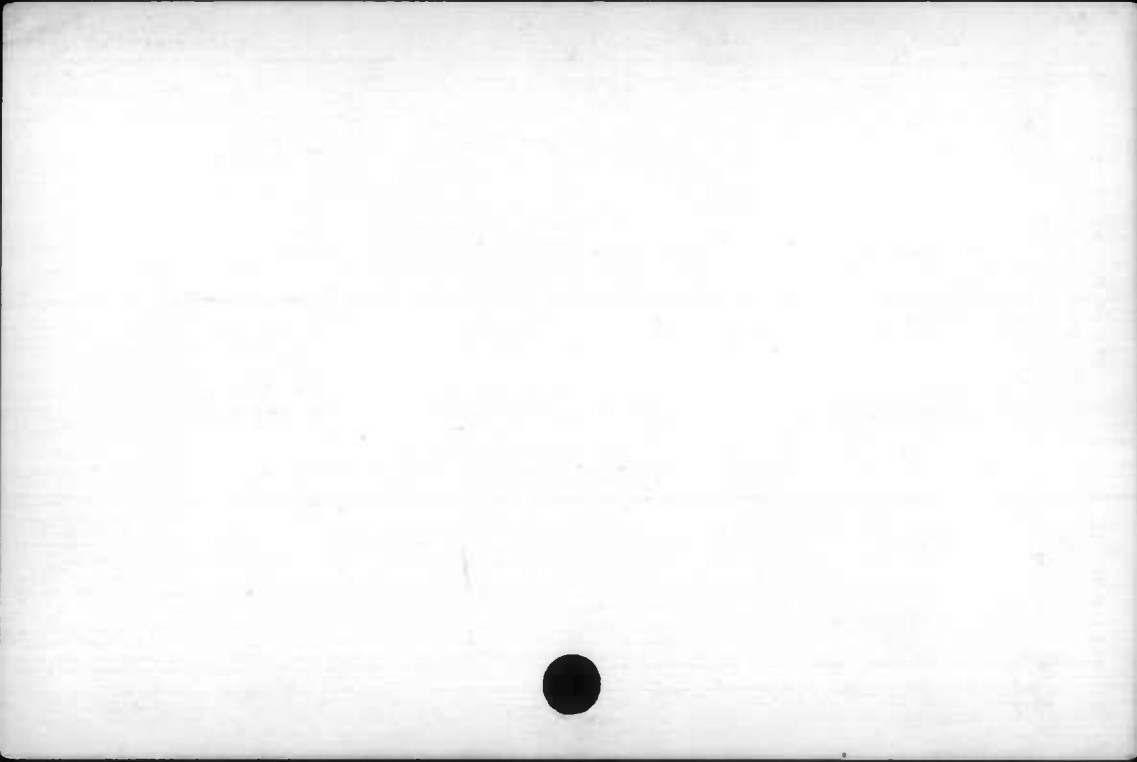
Died at <i>Chesapeake City</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Feb</i>		Day <i>7</i>		Age <i>~</i>		Months <i>~</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Chesapeake City</i>		Days <i>17</i>			
Occupation <i>~</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>~</i>				Name of Wife or Husband <i>Howard Matthews</i>					
Father's Name <i>Howard Matthews</i>				Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Lillian Regina</i>				Mother's Birthplace <i>Cecil Co</i>					
Name of person giving Information <i>Howard Matthews</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ingenital Malformation of Heart</i>		How long <i>17 days.</i>	
Immediate <i>Pneumonia</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signatures of Physician <i>Clifton G. Lewis M.D.</i>	
		Address <i>Chesapeake City Md.</i>	
Accident or Suicide			

150



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

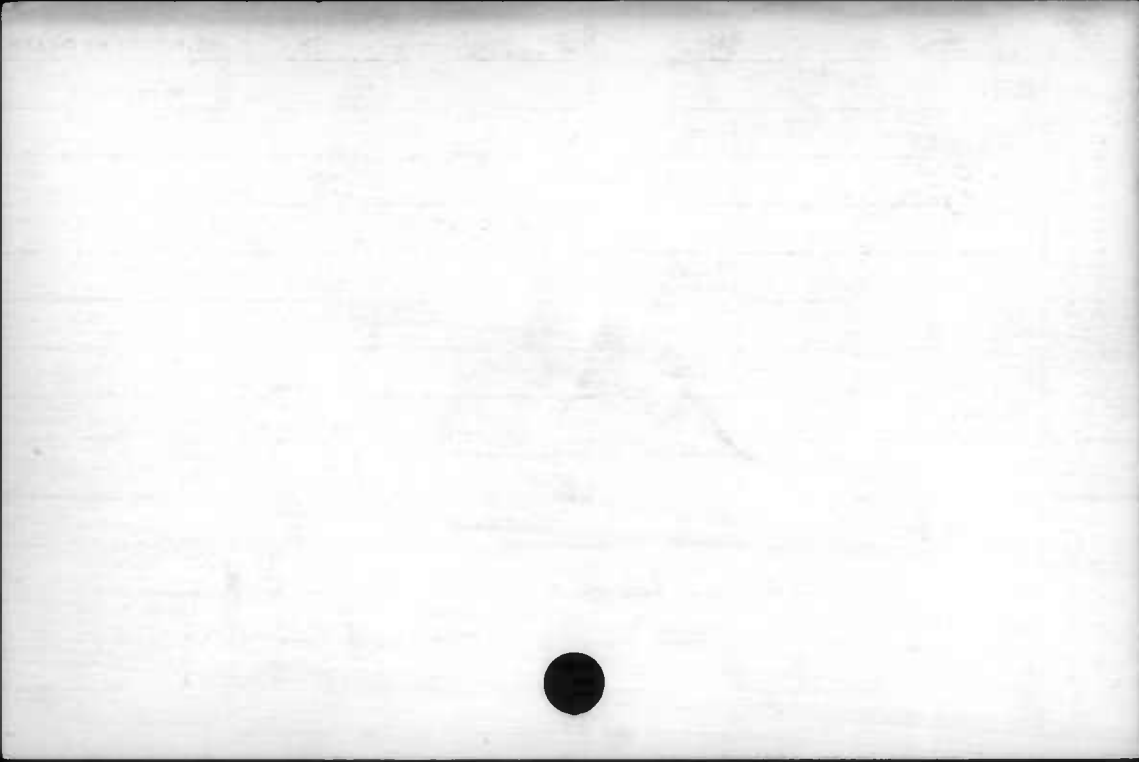
Died at <i>Elkton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	1909	Month	Feb	Day	24
Age	66	Years		Months	
Sex	male	Color or Race	colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Susan T. Milburn		
Father's Name	Peter Milburn		Father's Birthplace	none given	
Mother's Maiden Name	no information		Mother's Birthplace	none given	
Name of person giving Information	Susan T. Milburn		How related to deceased	wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>6 or 8 months</i>
Immediate	<i>Edema of the Lungs</i>	How long	<i>severe hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Howard Bralton</i>
		Address	<i>Elkton Md</i>
 Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jeannette Monusori</i>		Town <i>Liberty Grove</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Liberty Grove</i>		Month <i>Feb</i>		Day <i>1</i>		Years <i>69</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>1</i>		Years <i>69</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cecil Co</i>		Months <i>—</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>		—	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>No</i>		Father's Name <i>Matthew Monusori</i>		Father's Birthplace <i>Harford Co Md</i>	
Mother's Maiden Name <i>Martha J W McGarey</i>		Mother's Birthplace <i>Cecil Co Md</i>		How related to deceased <i>Sister</i>		—	
Name of person giving Information <i>E A Monusori</i>		—		—		—	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>1 year.</i>
Immediate <i>Exhaustion</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
Address <i>Liberty Grove Md.</i>	—
Accident or Suicide <i>—</i>	—

28

396

Name
in
Full

Georgia A Ransom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

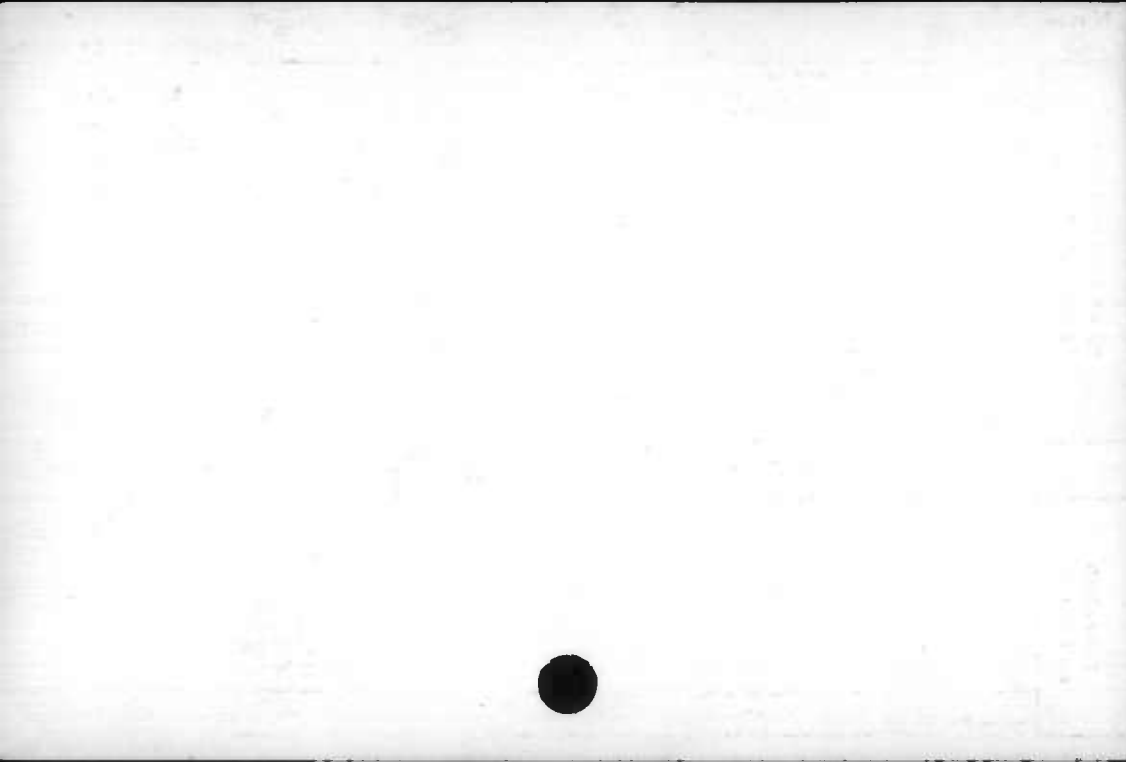
Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i>	Month	<i>2</i>	Day	<i>25</i>
Age		<i>74</i>		Years	<i>74</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housekeeping</i>		Birth-place	<i>Port-Deposit</i>	
Where Reaiding if not at place of death					
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Chas E Ransom</i>	
Father's Name	<i>Allen Anderson</i>		Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Esther McCulloch</i>		Mother's Birthplace	<i>Cecil Co Ind</i>	
Name of person giving Information	<i>Cornelia Anderson</i>		How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Don't know</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H E Clemens</i>
		Address	<i>Port Deposit Ind</i>
Accident or Suicide			



Name
in
Full

William Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

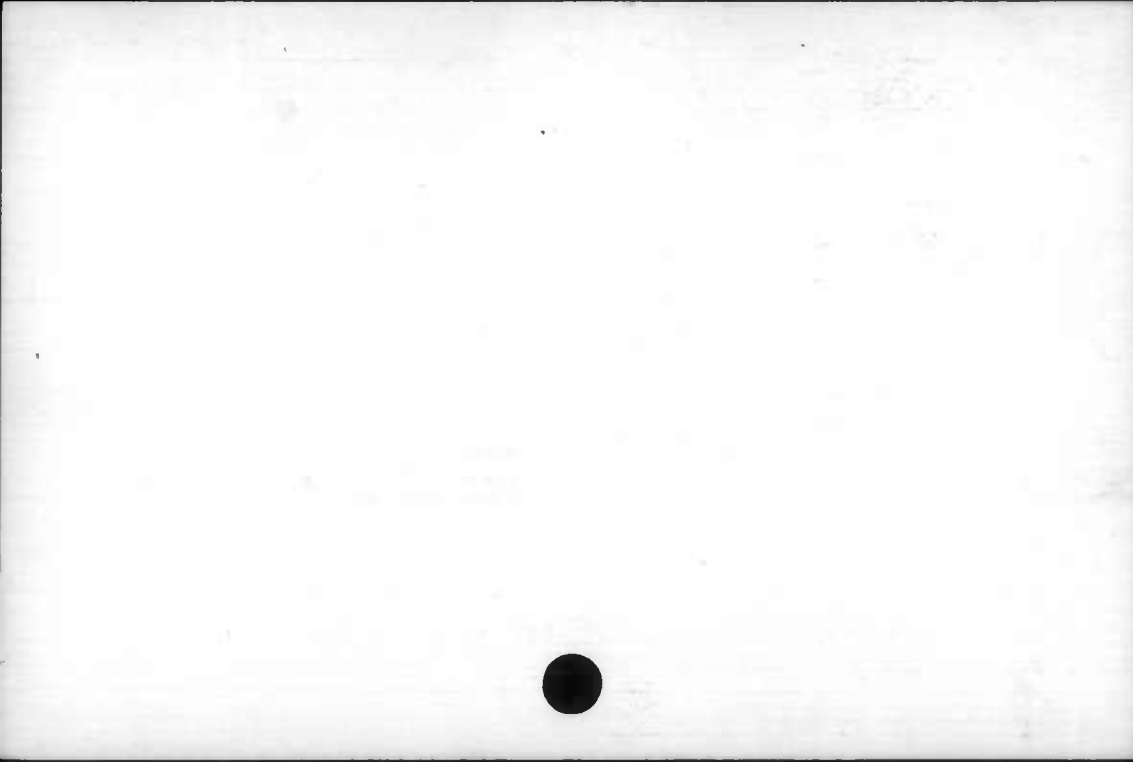
Died at <u>Chesapeake City</u>		County <u>Cecil</u>		MARYLAND	
Date of death	Month <u>2</u>	Day <u>28</u>	Age <u>69</u>	Months <u>4</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>Delaware</u>		
Occupation <u>Magistrate</u>	Where Residing if not at place of death <u>Chesapeake City, Md</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Billie Allen Reed</u>				
Father's Name <u>Wm M Reed</u>	Father's Birthplace <u>Delaware</u>				
Mother's Maiden Name <u>Lucinda A Mathews</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving Information <u>Mrs William Allen Reed</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

(41)

PHYSICIAN
OR CORONER

Primary <u>Carcinoma of descending colon</u>	How long <u>about 3 years</u>
Immediate <u>diapical effusion & Exhaustion</u>	How long <u>4 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W C Kossner M.D.</u>
	Address <u>Chesapeake City, Md</u>
Accident or Suicide	



Name
in
Full

William Thomas Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charlestown

Town

County

MARYLAND

Date

of death 190

9

Month

Feb

Day

27

Years

Age

87

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Charlestown

Married, Single
or Widowed

Widowed

Occupation

Merchant

Name of Wife or
Husband1st wife Mary Hogg, 2nd wife Addie FortFather's
Name

Henry Richardson

Father's
Birthplace

Charlestown

Mother's
Maiden Name

Elizabeth Yeaman

Mother's
Birthplace

Charlestown

Name of person giving
information

John B. Graham

How related
to deceased

Brother in Law

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart

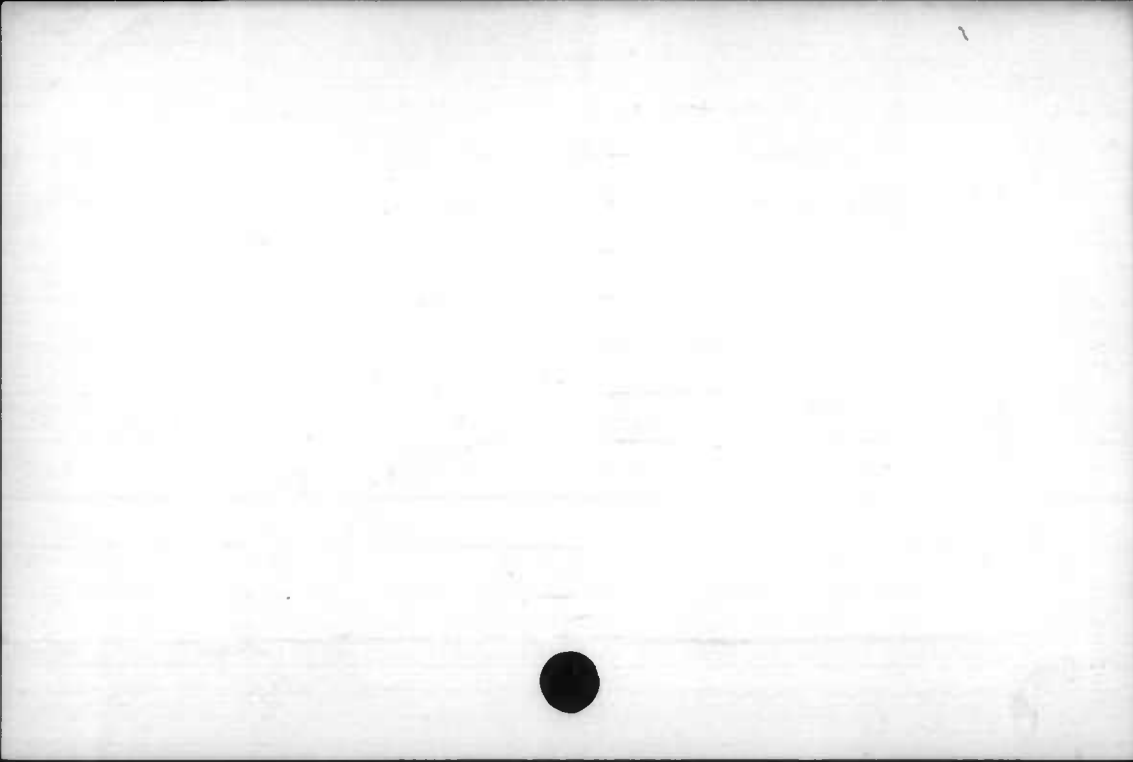
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. A. Curran
N. E.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

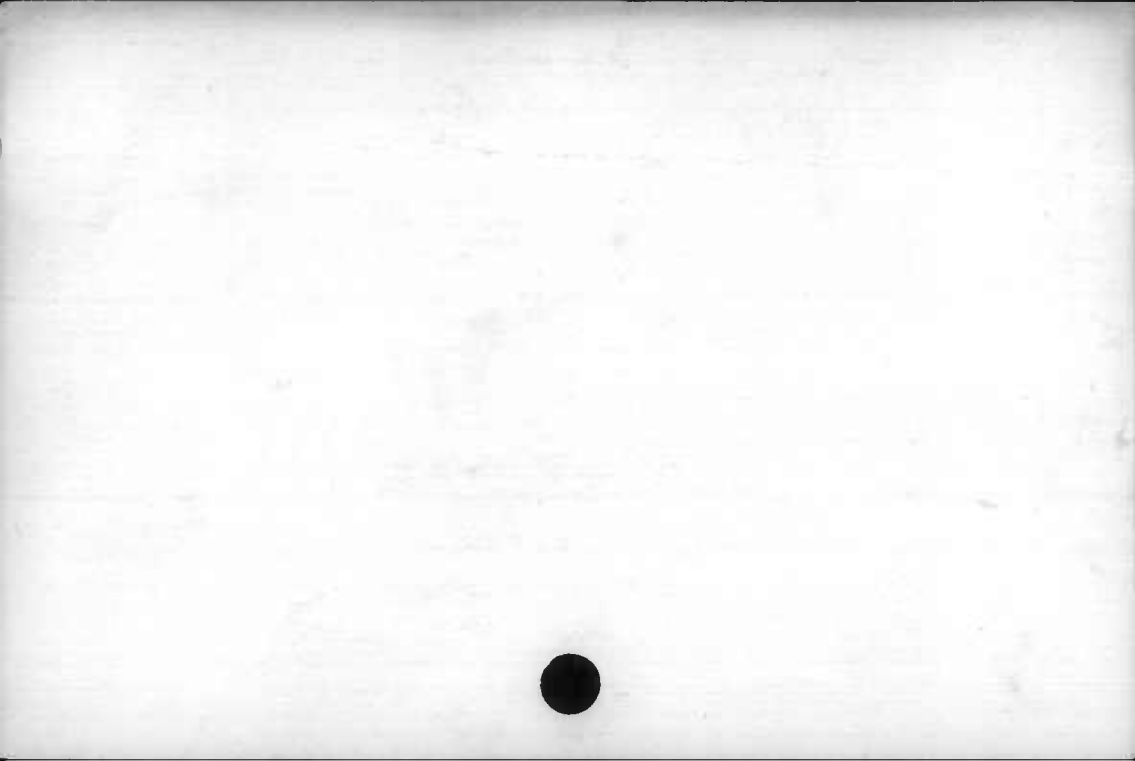
Name in Full <i>Harry G Roberson,</i>		Town <i>Rising Sun</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Rising Sun</i>							
Date of death <i>1909</i>		Month <i>Feb'y</i>	Day <i>26</i>	Age <i>29</i>	Months <i>7</i>	Days <i>26</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cecil County, Md</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>at Rising Sun, Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lillian Roberson,</i>					
Father's Name <i>H. J. B. R. Roberson</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Emma Gifford,</i>				Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving Information <i>Mrs. Wm. M. Pogue,</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Sarcoma of right testicle</i>	How long <i>Several months</i>
Immediate <i>Sarcoma of sacrum & exhaustion</i>	How long <i>See cause 1st</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John H. James</i>
<i>J</i>	Address <i>Rising Sun Md.</i>
Accident or Suicide <i>no</i>	



Name
in
Full

Louisa Schmith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Eck Mills* Town *Lees* County *Maryland*

Date of death *1909* *2* Month *16* Day *78* Age *78* Years *—* Months *—* Days

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Charles Schmith*

Father's Name *Anthony Sesterheun* Father's Birthplace *Germany*

Mother's Maiden Name *Dorothy Kied* Mother's Birthplace *Germany*

Name of person giving information *Helena Nersenberg* How related to deceased *Saughter*

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary *Arterio-Sclerosis* How long *6 mos*

Immediate *dilatation of Heart* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. P. Parrico M.D.*

Address *Cherry Hill, Md*

Accident or Suicide? *—*

227



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo Sewell* Town *Grove Neck* County *Charles* MARYLAND

Died at *Grove Neck*

Date of death 1909 Month *2* Day *3* Age *53* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Grove Neck*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Nannah Sewell*

Father's Name *Samy Sewell* Father's Birthplace *Grove Neck*

Mother's Maiden Name *Louisa Green* Mother's Birthplace *Grove "*

Name of person giving Information *Wife Nannah Sewell* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *79* Immediate *instant*

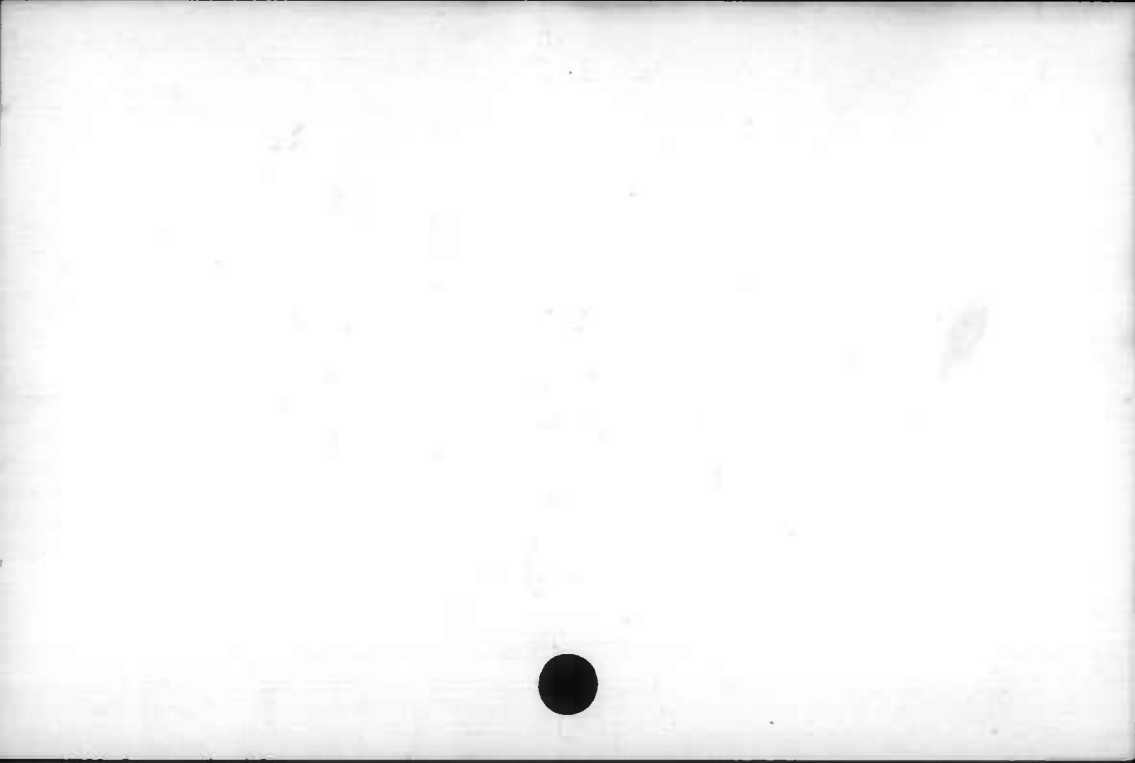
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Mahalah C. Stewart

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

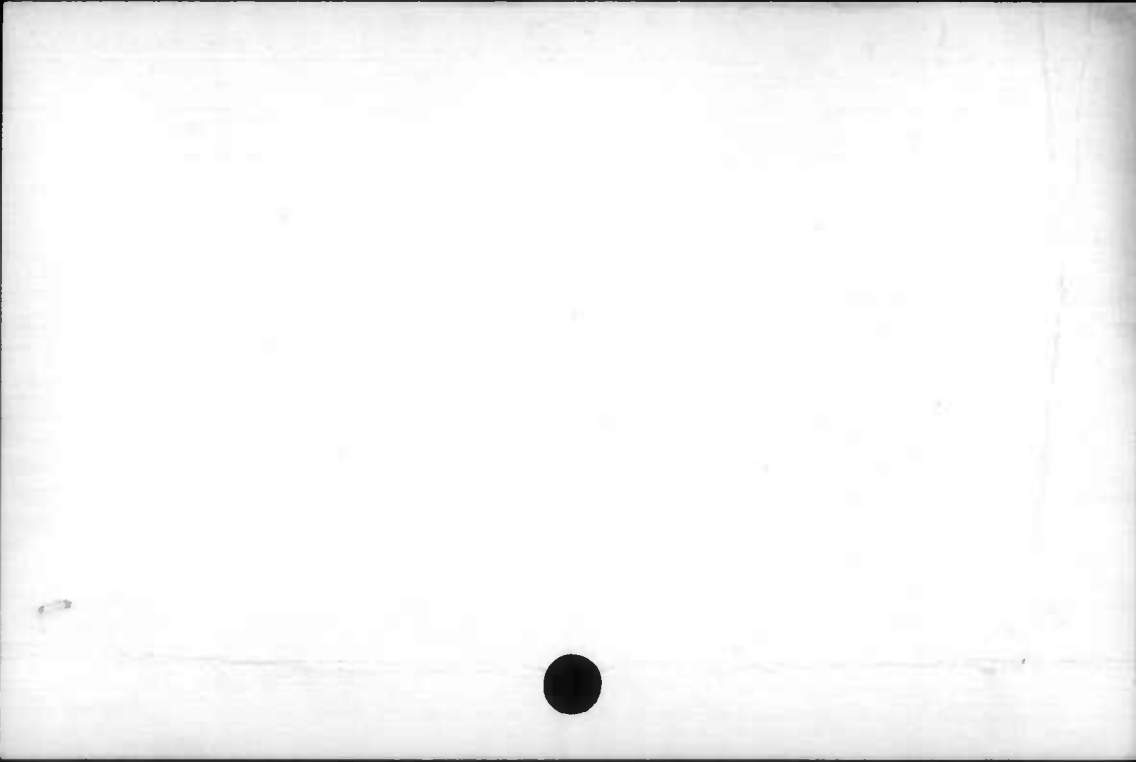
Died at <i>Pleasant-Hill</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>26</i>	Age <i>75</i>	Years	Months <i>No.</i>	Days <i>No.</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Pleasant-Hill</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles C. Stewart</i>						
Father's Name <i>Soloman Wooder</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Elizabeth Cromwell</i>	Mother's Birthplace <i>Baltimore</i>						
Name of person giving Information <i>Charles C. Stewart</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long <i>3 weeks</i>
Immediate	<i>Paralysis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>D. L. Gifford</i>
		Address <i>Baltimore Md.</i>
		
<i>8</i> Accident or Suicide		



Name
in
Full

Robert C Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Exton		County Becil		MARYLAND	
Date of death		1909	Month 2	Day 3	Age 15	Months -	Days -
Sex Male		Color or Race White		Birth-place Near Appleton Md			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm D Stewart		Father's Birthplace Maryland					
Mother's Maiden Name Emma J. Brown		Mother's Birthplace Maryland					
Name of person giving Information Wm D Stewart		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Caught in machinery		How long
Immediate	Nine hours		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Frank Ingers Cornner	
8		Address Exton	
Accident or Suicide		Md	



Name
in
Full

Elizabeth Supplee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

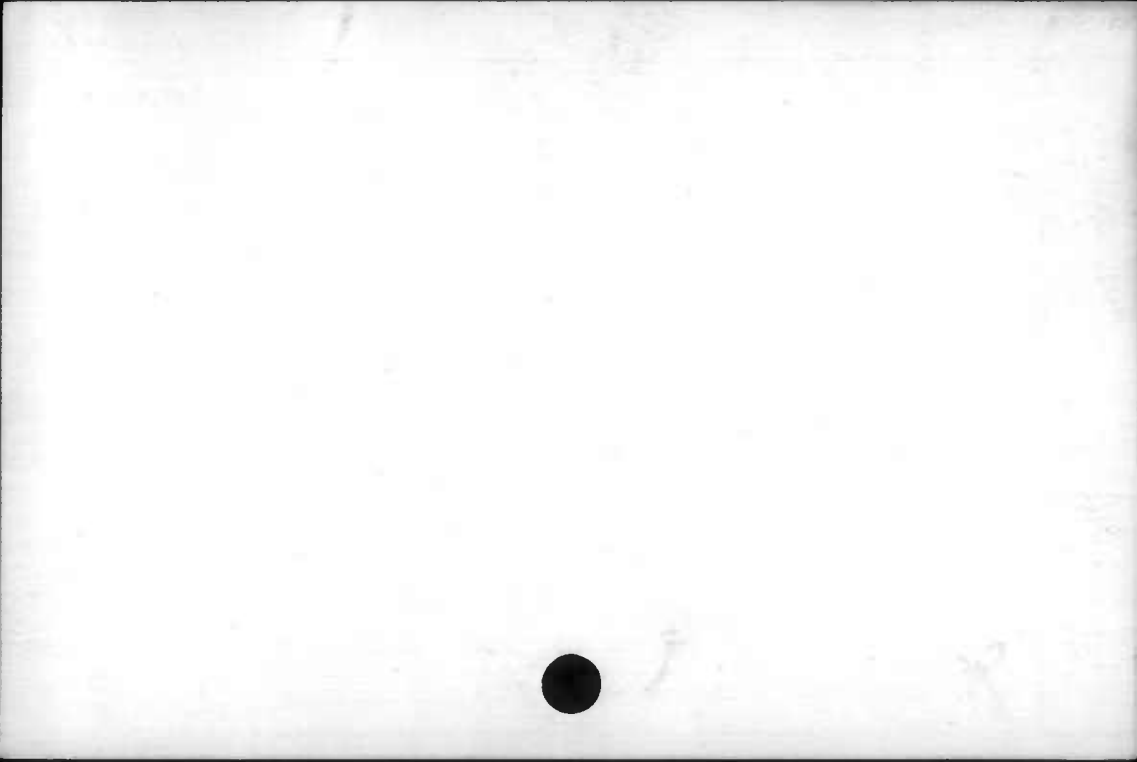
Died at		Town		County		MARYLAND	
Blake		Blake		Becil			
Date of death	Month	Day	Age	Years	Months	Days	
1909	Feb.	20	87		3	10	
Sex	Female	Color or Race	White	Birthplace	Phila Pa.		
Occupation	None			Where Residing if not at place of death	Blake Ind.		
Married, Single or Widowed	Widow			Name of Wife or Husband	Curtis Supplee		
Father's Name	Abraham Tunis			Father's Birthplace	Penna		
Mother's Maiden Name	Mary Hannel			Mother's Birthplace	Penna		
Name of person giving Information	Blanche Alexander			How related to deceased	granddaughter		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Fatty Degeneration of the Heart	How long	3 years.
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Chas. F. Miller,
		Address	North East,
Accident or Suicide	8		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amia J Underhill* Town *Port-Wilfrat* County *Cecil* MARYLAND

Died at *Port-Wilfrat*

Date of death *1909* Month *Feb* Day *5* Age *52* Years Months *9* Days

Sex *Female* Color or Race *Colored* Birth-place *Avedale Pa*

Occupation *Coake* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Milton Underhill*

Father's Name *John Bennett* Father's Birthplace *Harford Co Md*

Mother's Maiden Name *Sarah Jane Hatfield* Mother's Birthplace *Harford Co Md*

Name of person giving Information *Alberta V Thompson* How related to deceased *Daughter*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary *Chronic Ulceritis* How long *2 yrs*

Immediate *Heart Failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. G. M.D.* Address *Liberty Grove Md*

Accident or Suicide *X*

